



# INDONESIA COVID-19 RESPONSE UPDATE



Save the Children

July 28, 2020

## General Situation

SARS-COV2 virus, or previously known as coronavirus, was first discovered to be the cause of COVID-19 in Wuhan, China, at the end of 2019. Right after the turn of the year, the transmission of the virus has been even faster and at least 200 and more countries around the globe have reported infection cases including Indonesia, which reported its first case in March.

On 11 March 2020, WHO decided COVID-19 as a global pandemic. President Joko Widodo officially decided COVID-19 pandemic as a national disaster and formed the COVID-19 Response Acceleration Task Force, which in July 2020 continued its function by the COVID-19 Handling and National Economic Recovery Committee led by the Coordinating Economic Minister.

## Statistics



Source: COVID-19 Response Acceleration Task Force per July 28, 2020. The number is subject to change.

## Response Objective

Mitigate the impact of the disease itself by contributing to the reduction of illness and death due to COVID-19 and other diseases.

Maintain key program goals as much as possible across our three Breakthroughs while recognizing the immediate economic and social impacts such as loss of income, loss of access to normal services, and increased isolation.

## Four Key Focuses of the Response

1

 **Disease Mitigation**

Saving lives by preventing the spread of transmission and maintaining health service provision.

2

 **Education Uninterrupted**

Helping children learn, stay safe during periods of lockdown and return to school.

3

 **Protection**

Keeping children safe in their home and in communities.

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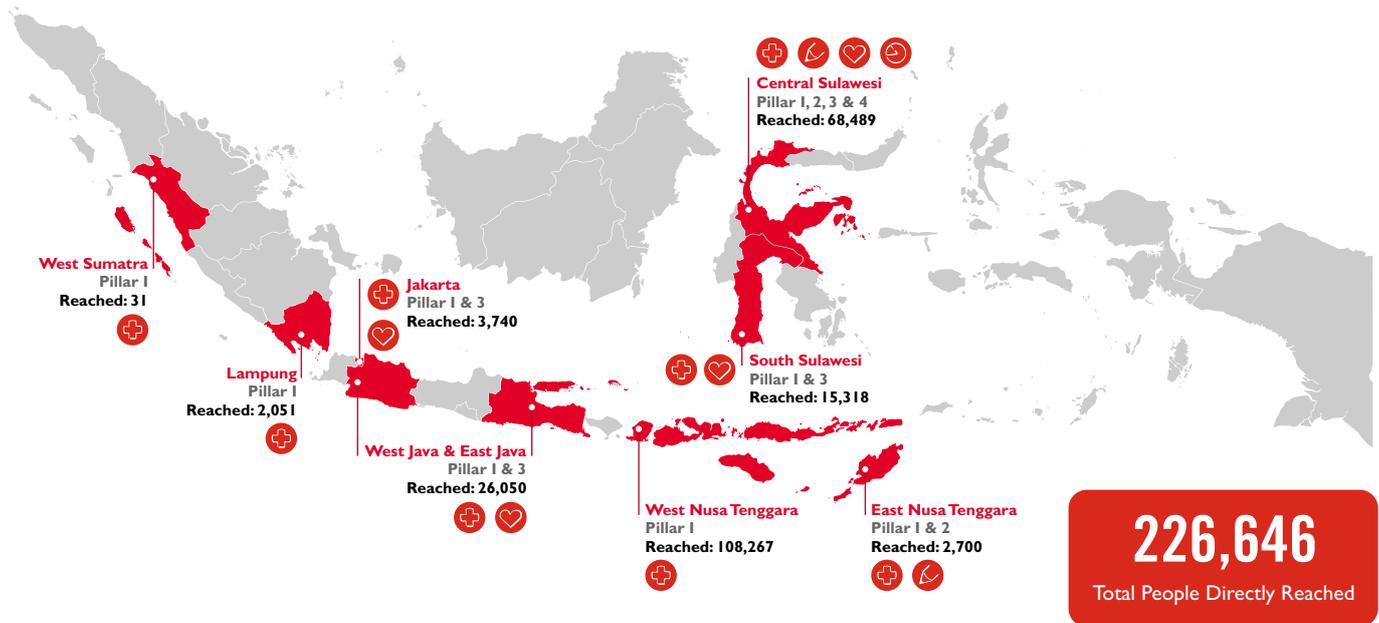
 **Family Financing**

Increasing financial resilience through food security and livelihood recovery.

### Front Cover:

Distribution of N95 masks and hygiene kits from Save the Children to the District Health Office in North Lombok Regency, NTB.

## Our Program Area



## Key Achievement | April-July 2020



### Pillar 1 | Disease Mitigation

1. 103,829 people reached through Risk Communication and Community Engagement (RCCE) and handwashing stations and hygiene kits.
2. PPE distribution reached 34,158 people through 62 community health centers & Community-Based Child Protection (CBCP).
3. Advocate the district government to continue support under five children through satellite health post during COVID-19.



### Pillar 2 | Education Uninterrupted

1. Support 4,843 children in 33 schools to continue learning through the Visiting Teacher and Community Learning Hours.
2. Support teachers and parents through online learning in creating safe learning environments.



### Pillar 3 | Protection

1. 2-3 children accessing Psychological First Aid (PFA) hotline/day.
2. Support 5,136 national social worker/case workers through provision of guidance, online case conference, online supervision and webinars.
3. Support Ministry of Social Affairs & Ministry of Women Empowerment and Child Protection developed national guidance for families and mother led households on parenting during COVID-19.



### Pillar 4 | Family Financing

Support youth groups in four villages in Donggala, Central Sulawesi, on entrepreneurship through online training.



### Public Campaign

Conduct Pulih Bersama (Heal Together) public campaign focused on seven risks and seven actions related to children rights during COVID-19 pandemic. So far, the campaign has reached 1,299,606 people and 54 media coverage.

## How Do We Make A Difference



### Mitigated the Impact of COVID-19 Outbreak on Children Health & WASH (Water, Sanitation, and Hygiene)

1. Strengthened capacity of girls and boys, female and male caregivers, and communities to minimize and prevent transmission of COVID-19 and strengthen access to health services.
  - Risk Communication and Community Engagement (RCCE) materials are produced, distributed.
  - Improved access to personal hygiene materials to support sustained adoption.
2. Ensured continuation of essentials maternal-child health and nutrition services (antenatal care, postnatal care, nutrition, and immunization) from Puskesmas and other health facilities.
  - Health workers and community cadres skilled/oriented on new guideline/protocols.
  - Existing mother and child health and nutrition services strengthened with adapted mechanism during the pandemic, i.e. innovating with tele-counselling.
  - Health facilities are supported with Personal Protective Equipment (PPE) to prevent transmission.
3. Improved coordination on response plan and policy/protocol with Local COVID-19 taskforce and leadership in responding to COVID-19.
  - Key stakeholders at national and sub national level are engaged and supported.
  - Vulnerable groups influence response plans.



### Mitigated the Impact of COVID-19 Outbreak on Learning Education

1. Girls and boys (aged 4-18) continue learning and remain healthy and safe throughout the crisis.
  - Affected girls and boys (including with disabilities) are able to access inclusive, age-appropriate learning materials at home (online/offline).
  - Girls and boys receive messages on Mental Health and Psychosocial Support (MHPSS).
  - Parents and teachers are provided support in the process.
2. Effective, inclusive and safe returns to learning for children when schools reopen.
  - Back to school campaign, all children return to school week one.
  - Children receive accelerated education, catch up classes to and other support such as home visits and protection services as necessary.
3. Strengthening capacity of education sector at national and sub-national levels for non-disaster crisis.
  - Leadership in the education cluster; development of response plan.
  - Support documentation of good practice and lesson learnt in education response, including child participation, localization, integration.



### Children are Safe at Home and in the Community

1. Psychosocial well-being and resilience of boys and girls is improved.
  - Boys and girls are well-informed on correct COVID-19 information (online/offline) and supported to claim their rights, children participation in development and communication of RCCE.
  - PFA hotline service for general public and children's group is running.
  - Support children-in-need alternative care.
2. Community care & social worker support for addressing children's issues within their environment is functioning.
  - The capacity of Community Based Child Protection (CBCP) in promoting critical prevention behaviors and in managing effective referral mechanism is increased.
  - Support the activation of case management mechanism at community level.
  - Direct support to social workers and Ministry of Social Affairs and Ministry of Women Empowerment and Child Protection.
  - Monitoring the condition of children in institutional care center and detention center.



### Families are resilient during the COVID-19 Outbreak

1. Family resilience is improved to address the issues affected by COVID-19 and prevent their children from harmful practices.
  - Increase number of vulnerable households able to cover their essential food security and clean water needs through cash and voucher assistance.
  - Increase access to the Government social safety net scheme.
2. Youth are activated to enable economic recovery.
  - Strengthened livelihoods or income generating activities for the most vulnerable families through online trainings, mentoring and cash grants.
  - Youth are engaged into the public debate and decision-making forums and influencing decisions.



# VILLAGES AND SCHOOLS COLLABORATION THROUGH THE VISITING TEACHERS

Text by: **Purba Wirastama** | Photo by: **Rizky Wijaya**

**T**he COVID-19 pandemic has forced many people to adapt to complex crisis situations. They include students and teachers who have to study and teach remotely from home because the school building is closed.

In situations like this, distance studying activities cannot always occur. Not every family or place has a device, internet access, and even access to national radio and television broadcast. Children at home may forget about learning. Balaesang Tanjung Subdistrict in Donggala Regency is one of many areas that have this problem.

"We are worried that children cannot learn during the pandemic. They are preoccupied with playing and forgetting to study. Moreover, the ability of parents to provide motivation and learning material is limited. Here, parents think it is better to invite children to go out to sea or collect coconuts than just being at home," said Nur Arif Jaya, Save the Children staff at the Central Sulawesi office.

Nur Arif and Save the Children team colleagues in Central Sulawesi are working on several ways to ensure that children can still study in this pandemic crisis. The first effort was to work with the village governments and Community-Based Integrated Child Protection (CBCP/PATBM) groups to implement the Community Learning Hours (JBM) rule in the morning and evening. The rule has been applied in Malei Village and Rano Village in Balaesang Tanjung; both villages have been assisted by Save the Children program since the 2018 major disaster in Sulawesi.

At the agreed times, for one to two hours, children are guided to learn anything at home, such as language, counting, or drawing. The main objectives are how parents and village communities can

support children to learn every day and maintain their psychological condition during this pandemic.

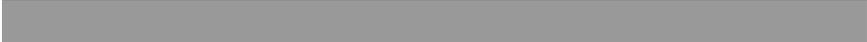
What can teachers do in this situation? Since March 2020, the Donggala Education Office has actually issued a directive so that teachers make door-to-door visits for their students, especially those with limited economic ability to do distance learning. But in the beginning, most of these visits were limited to delivering written assignments or exam sheets, not holding joint learning activities. What's more, not all teachers can make a visit during a pandemic.

The Save the Children team, together with the village governments and CBCPs, made the second effort: creating synergy between JBM and the directive of the education office regarding teacher visits. They have invited teachers in the village to visit student homes and conduct teaching and learning activities in small groups. One group contains a maximum of four students whose homes are close together.

"Finally all the doors are open for guests to come, especially for the teacher. When a teacher teaches at the student's house, she/he also is no longer awkward," Nur Arif said. "Teachers feel that support so that they become enthusiastic. The teacher will definitely use the learning methods she/he usually does."

Next, the Save the Children team in Donggala, together with the local government, is going to offer the concept of the Visiting Teacher to villages in other districts. The goals are still the same: ensuring children's learning rights remain fulfilled during the pandemic, and making close collaboration between schools, teachers, villages, and communities for children's education.

# Budget Allocation and Spending for COVID-19 Response

**Total Budget**  **USD 962,140**

**Total Spending**  **10%** **USD 98,996**

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Save the Children Indonesia, has been received and mobilizing funds from various sources to response the COVID-19 pandemic and helping children and their families during this difficult time. Since we are responding the COVID-19 in Indonesia we have spent 10% of total budget allocated. We have spent the budget through various implementation of our national COVID-19 response strategy across the country.



**Save the Children** in Indonesia has been registered as a local foundation named as **Yayasan Sayangi Tunas Cilik** by the Decree of the Indonesian Minister of Law and Human Right No.AHU-01712.50.10.2014 on May 21, 2014.

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